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FEE TRANSMITTAL 9 2005 Appropriate claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 2, (\$) 2, (\$)			Complete if Known				
			Application Numbe	10/033,145		-	
			Filing Date	November 5, 200	November 5, 2001		
			First Named Invent	ROBERTS	ROBERTS		
Applicant claims small en	tity status. See 37	CFR 1.27	Examiner Name	Richard A. Schni	izer		
TOTAL AMOUNT OF PAYME	AT (C) 1 /	77	Art Unit	1635			
TOTAL AMOUNT OF PATIME	INT (\$) 2/ 1/	70	Attorney Docket No	o. GA0201C	· - · · - -		
METHOD OF PAYMENT (c	heck all that appl	y)					
☐ Check ☐ Credit Card [☐ Money Order	☐ None ☐	Other (please idea	ntify):	-		
Deposit Account Deposit	Account Number: 0	7-1074	Deposit A	Account Name: GEI	NZYME CORPO	RATION	
For the above-identifi	ed deposit account	, the Director is	hereby authorized	to: (check all that a	pply)		
Charge fee(s)	indicated below			Charge fee(s) indicate	ted below, excep	t for the filing fee	
Charge any ac	lditional fee(s) or ur	derpayments of	fee(s)	redit any overpaym	ients		
	R 1.16 and 1.17			• • • •		adit card	
information and authorization on		no. Great cara in	ormation should n	or ne moluded on thi	s rorm. Provide cr	euit card	
FEE CALCULATION			•				
1. BASIC FILING, SEARC		ATION FEES					
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type Fe	<u>Small Ent</u> ee (\$)	<u>ity</u> Fee	<u>Small E</u> (\$) Fee(\$		Small Entity Fee(\$)	Enne Daid (6)	
Utility 30		500		<u>Fee(\$)</u> 200	<u>ree(\$)</u> 100	Fees Paid (\$)	
Design 20		100		130	65	•	
Plant 20		300		160	80		
Reissue 30		500		600	300		
Provisional 20		0		0	0		
2. EXCESS CLAIM FEES		, and the second	•	Ť	Č	Small Entity	
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						25	
Each independent claim over			200	100			
Multiple dependent claims	lytra Claims	Eco(#)	Eac Date (A)		360	180	
Total Claims <u>E</u> -20 or HP=	Extra Claims	<u>Fee(\$)</u> _	Fee Paid (\$)			Dependent Claim	
	X	=			<u>Fee (\$)</u>	Fee Paid (
HP = highest number of total of the line of total of the line of t	ciaims paid for, if great Extra Claims	er than 20. Fee(\$)	Fee Paid (\$)				
- 3 or HP=	X	<u>ree(⊅)</u> =	i co i aiu (\$)				
HP = highest number of indep							
3. APPLICATION SIZE FEI		-					
If the specification and drawi		ets of paper (ex	cluding electronic	cally filed sequence	or computer		
listings under 37 CFF	R 1.52(e)), the appli	ication size fee	due is \$250 (\$125	for small entity) for	or each additiona	1 50	
sheets or fraction the						E. B. (4)	
				or fraction there	eot <u>Fee (\$)</u>	Fee Paid (\$)	
100 =	/ 50 =	(rou	nd up to a whole	e number) x		=	
4. OTHER FEE(S)	-1' 6130 0 1			0		Fees Paid (\$)	
Non-English Specific Other (e.g., late filing	ation, \$130 fee (no	small entity dis	count)	1. Lo Tol	evial of	7 180	
Other (e.g., late filing	surcharge):	tee and.	2-mo. retit	ION TOK EXTO	NSION H	שנטט	
SUBMITTED BY	(_,						
	Jan De	0.		E4 400			
Signature (Prior Company)	J. Jung	aurea	(Attorney/Age	nt) 54,498	Telephone	508-270-2499	
Name (Print/Type) Jennifer D.	Tousignant	,			Date	5114105	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.